

GENERAL Application



APPLICATION FOR EMPLOYMENT

Note: Where more space is required, use separate sheet; please print.

Today's Date: ___/___/___ Date available for work: ___/___/___ Desire Full-time / Part-time/ Temporary
 Position(s) applying for: _____ Pay rate desired: _____

GENERAL INFORMATION

Name: _____ Soc. Sec. No. ___ / ___ / ___
 Last First MI
 Phone: Daytime (____) _____ Evening (____) _____ Email: _____

Street Address	Apt #	City	State	Zip	County	From:	To:

	YES	NO
Are you 18 years of age or older?.....	<input type="checkbox"/>	<input type="checkbox"/>
If under 18, can you provide a work permit if required?.....	<input type="checkbox"/>	<input type="checkbox"/>
If hired, can you provide written evidence that you are authorized to work in the U.S.?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are there currently any felony charges against you?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either above, please state date, place, & nature of conviction (a conviction does not constitute automatic bar from employment): _____		

EDUCATION

Name of School & Location	No. Years Attended	Graduated Yes or No	Major	Degree/Cert. Received
High School				
College				
Technical Training Other				

Military: Branch	Yrs. From: To:	Rank at Discharge:	Training Received:
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REFERENCES

List below three persons, not related to you, which have known you more than one (1) year

Name	Address	Phone #	Business	Years Acquainted

EMPLOYMENT HISTORY

List all employers for the last five years starting with present or most recent employer (additional sheet available if needed)

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				

Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____
 May we contact this employer? Yes No If no please explain: _____

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				

Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____
 May we contact this employer? Yes No If no please explain: _____

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				

Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____
 May we contact this employer? Yes No If no please explain: _____

TO BE READ AND SIGNED BY ALL APPLICANTS

Lounsbury Excavating, Inc. is an equal opportunity employer. Applicants are considered for employment without regard to race, religion, color, national origin, sex, age, marital status or the presence of any disability unless such disability effectively prevents the performance of the essential duties and functions required of the position.

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, Michigan law requires that you notify the Company in writing of your need for accommodation within 182 days after you become aware or should reasonably have known the accommodation was needed.

NOTICE: DRUG TESTING: It is our policy to maintain a work place that is free from the effects of both legal and illegal drugs and/or alcohol abuse. We may conduct drug testing of job applicants. Should we consider you for employment, you may be contacted regarding the time and location of the drug test. Refusal to take or failing the drug test will disqualify you from considerations for employment.

I understand that this application is not a contract of employment. I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions, Lounsbury Excavating, Inc. from all liability in regard to the final outcome(s) due to the transmission of reference material. I understand that falsification of any material information on this application may be considered sufficient cause for immediate termination. I understand that the employer follows an "employment at will" in that I, or the employer, may terminate my employment at any time for any reason consistent with applicable State or Federal law.

APPLICANT SIGNATURE

DATE

MVR

AUTHORIZATION FOR RELEASE OF DRIVING RECORD and BACKGROUND CHECK

Date: _____

I Hereby authorize the (State) of _____,

Highway Traffic Board to disclose all information concerning my

Driving record, including convictions to Lounsbury Excavating, Inc.

I also authorize Lounsbury Excavating, Inc to conduct a State and Federal
background check through Background Info USA.

Full Name of Driver: _____

Date of Birth: _____

Driver's License Number: _____

Signature of Driver: _____

WORK EXPERIENCE

Are you able and willing to travel for work? Yes No

Can you do a finish grade on an excavation project? Yes No

Can you set-up and use a pipe laser? Yes No

Can you read a blueprint or set of plans? Yes No

Have you had any experience in concrete flat work? Yes No

Have you had any Hazwoper training? Yes No

If so, do you have current training certification? Yes No

Have you had any respirator training or been test fitted? Yes No

Do you have a CDL license and if so what kind? Yes No

Have you ever hauled heavy equipment? Yes No

Have you ever been trained in confined spaces? Yes No

Have you ever been in a trench box? Yes No

Do you know how to set up a grade laser? Yes No

Can you calculate elevations by using a laser? Yes No

Can you finish concrete? Yes No

How many miles have you driven on your CDL license? _____

How many hours of operation do you have on a Bob-Cat? _____

How many hours of operation do you have on a bulldozer? _____

How many hours of operation do you have on a

Front End Loader? _____

How many hours do you have on an Excavator? _____

How many feet of underground pipe have you laid? _____

Sewer _____

Storm _____

Water _____

List all other construction and driving experience along with length of time and Level of competency.

TO BE READ AND SIGNED BY ALL APPLICANTS

I certify that the answers given by me to the forgoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind whatsoever.

I authorize you to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company

Name: _____

Date: _____